

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines

12FE4M5

FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, Inc)

ADDRESS (number and street)

P.O. Box 6936

4800 Deerwood Campus Parkwy, DC3-4

Jacksonville

FL

32236

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed)

deborah.easterling-charles@bcbsfl.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)2. DATE

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	0	8

3. FEC IDENTIFICATION NUMBER

C C00161141

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Mr. Gary M. HealySignature of Treasurer Electronically Filed by Mr. Gary M. Healy

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	0	9

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2009)